

Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2006**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.  
The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

**A** For the 2006 calendar year, or tax year beginning 7/01, 2006, and ending 6/30, 2007

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Please use IRS label or print or type. See Specific Instructions. <b>SPAY AND NEUTER SOLUTIONS</b> <b>PO BOX 762</b> <b>CORTARO, AZ 85652</b>	<b>D</b> Employer identification number 20-0065631
		<b>E</b> Telephone number 520-579-2691
		<b>F</b> Group Exemption Number
		<b>G</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**I** Website: WWW.SPAYANDNEUTERSOLUTIONS.ORG  
**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J** Organization type (check only one) -  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 40,845.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

<b>REVENUE</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	40,845.
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	<b>5c</b>	
	<b>6</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1)	<b>6a</b>	
<b>b</b> Less: direct expenses other than fundraising expenses	<b>6b</b>		
<b>c</b> Net income or (loss) from special events and activities (line 6a less line 6b)	<b>6c</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (line 7a less line 7b)	<b>7c</b>		
<b>8</b> Other revenue (describe )	<b>8</b>		
<b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<b>9</b>	40,845.	
<b>EXPENSES</b>	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	1,333.
	<b>16</b> Other expenses (describe SEE STATEMENT 1)	<b>16</b>	43,166.
<b>17 Total expenses</b> (add lines 10 through 16)	<b>17</b>	44,499.	
<b>18</b> Excess or (deficit) for the year (line 9 less line 17)	<b>18</b>	-3,654.	
<b>ASSETS</b>	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	6,148.
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18 through 20)	<b>21</b>	2,494.

**Part II Balance Sheets** - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See Instructions)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	4,625.	803.
<b>23</b> Land and buildings		
<b>24</b> Other assets (describe SEE STATEMENT 2)	1,523.	1,691.
<b>25 Total assets</b>	6,148.	2,494.
<b>26 Total liabilities</b> (describe )	0.	0.
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	6,148.	2,494.

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions.)		<b>Expenses</b>	
What is the organization's primary exempt purpose? <b>SEE STATEMENT 3</b>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
<b>28</b>	<b>SEE STATEMENT 4</b>		
	(Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	<b>28 a</b>	41,989.
<b>29</b>			
	(Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	<b>29 a</b>	
<b>30</b>			
	(Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	<b>30 a</b>	
<b>31</b>	Other program services (attach schedule) . . . . .		
	(Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	<b>31 a</b>	
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	41,989.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See Instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
<b>SEE STATEMENT 5</b>		0.	0.	0.

**Part V Other Information** (Note the statement requirement in the instructions) **SEE STATEMENT 6**

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity . . . . .	<b>33</b>	X
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes . . . . .	<b>34</b>	X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? . . . . .	<b>35 a</b>	X
<b>b</b> If 'Yes,' has it filed a tax return on Form 990-T for this year? . . . . .	<b>35 b</b>	N/A
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' attach a statement.) . . . . .	<b>36</b>	X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. . . . .	<b>37 a</b>	0.
<b>b</b> Did the organization file Form 1120-POL for this year? . . . . .	<b>37 b</b>	X
<b>38 a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? . . . . .	<b>38 a</b>	X
<b>b</b> If 'Yes,' attach the sch specified in the line 38 instructions and enter the amount involved. . . . .	<b>38 b</b>	N/A
<b>39</b> 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39 a</b>	N/A
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39 b</b>	N/A

Part V Other Information (Note the statement requirement in the instructions) (Continued)

40 a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.

b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation.

Table with 3 columns: Question ID, Yes, No. Row 40b: Yes, No. Row 40c: Yes, No. Row 40e: Yes, No.

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.

d Enter amount of tax on line 40c reimbursed by the organization 0.

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

41 List the states with which a copy of this return is filed AZ

42 a The books are in care of KATALIN POWERS Telephone no. 520-579-2691 Located at 8105 W WANDERING SPRINGS WAY, TUCSON, AZ, ZIP + 4 85743

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

Table with 3 columns: Question ID, Yes, No. Row 42b: Yes, No. Row 42c: Yes, No.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 43 N/A N/A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: KATALIN POWERS PRESIDENT Date: Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: NON-PAID PREPARER Date: Check if self-employed: Preparer's SSN or PTIN (See General Instruction X): Firm's name (or yours if self-employed), address, and ZIP + 4: EIN: Phone no.:

**Part I Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>				
<b>22b</b> Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>				
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>				
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>				
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch)	<b>25a</b>	0.	0.	0.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	<b>25b</b>	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b>	0.	0.	0.	0.
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b>				
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>				
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b>				
<b>29</b> Payroll taxes	<b>29</b>				
<b>30</b> Professional fundraising fees	<b>30</b>				
<b>31</b> Accounting fees	<b>31</b>				
<b>32</b> Legal fees	<b>32</b>				
<b>33</b> Supplies	<b>33</b>				
<b>34</b> Telephone	<b>34</b>	26.		26.	
<b>35</b> Postage and shipping	<b>35</b>				
<b>36</b> Occupancy	<b>36</b>				
<b>37</b> Equipment rental and maintenance	<b>37</b>				
<b>38</b> Printing and publications	<b>38</b>	1,333.	1,133.	200.	
<b>39</b> Travel	<b>39</b>				
<b>40</b> Conferences, conventions, and meetings	<b>40</b>				
<b>41</b> Interest	<b>41</b>				
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>42</b>	612.	162.	450.	
<b>43</b> Other expenses not covered above (itemize):					
<b>a</b> FUND RAISING	<b>43a</b>	1,424.			1,424.
<b>b</b> INSURANCE	<b>43b</b>	270.		270.	
<b>c</b> LICENSES	<b>43c</b>	243.	243.		
<b>d</b> OTHER	<b>43d</b>	140.		140.	
<b>e</b> VETERINARIANS	<b>43e</b>	40,451.	40,451.		
<b>f</b>	<b>43f</b>				
<b>g</b>	<b>43g</b>				
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	<b>44</b>	44,499.	41,989.	1,086.	1,424.

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_